

## Catastrophic

(Continued from page 12)  
(at approval)."

In a separate but somewhat related effort, Rep. Edward Roybal (D-CA) is leading a charge to increase regulation of Medicare supplemental, or "Medigap" insurance.

House subcommittee staffers working for Roybal recently surveyed 35 state regulators and found that an expected

decrease in Medigap rates due to catastrophic coverage never materialized. In fact, more than half reported rates were increasing by at least 35% for 1989—before the Medicare benefits were repealed. Maximum increases ranged from 10% in Massachusetts to 133% in Arizona.

In response, a new bill from Roybal would:

- Require government approval for all Medigap rate increases which exceed those expected for Medicare.

- Create a minimum national prior review process that would require the insurer to document the need for a rate increase.

- Provide seniors, upon request, a written justification for the proposed rate hike.

- Increase the federal minimum loss ratio for the policies from 60% to 70% for individual plans and 75% to 80% for group coverage. The loss ratios for all plans would be available to consumers through the state insurance departments.

In the Senate, Minnesota Republican Dave Durenberger said he wants to bring "drastic change" to the private health insurance industry. At a hearing on Medigap policies he announced, "I will be seeking improvements such as higher loss-ratio standards, standardizations of benefit packages, increased 'leveling' of commissions paid to sales agents and improved enforcement by state insurance regulators."

McArdle says employers could indi-



Mammography screening would be covered under the revised catastrophic care bill.

rectly benefit from expanded oversight, given that some firms are starting to fund the purchase of such policies for retirees. "In an election year, this is probably an issue that's got a lot of steam behind it," he observed.

## Women more willing to get cancer screenings at work

Women who were offered low-cost breast x-rays at the work site were more than twice as willing to have the exams than those who were not, a radiologist says.

Dr. Howard B. Kessler of the Fox Chase Cancer Center in Philadelphia, said that by taking a 32-foot mobile mammography van to 53 work sites in Pennsylvania and Delaware, women were more willing to undergo the cancer-screening.

"There is a tremendous amount of avoidance to mammographies," Kessler said. "Women would rather not think about it."

However, with the support of co-workers and the convenience of the screenings at the workplace, more female employees were willing to undergo the screening for the cancer that killed 40,354 U.S. women in 1986.

Specifically, the exams were offered to female employees and male workers' spouses at a cost of \$30 each, with the company picking up the remaining \$30 tab, Kessler said.

Results then were sent to radiologists for diagnosis and the woman and her doctor were notified of the results in about five days, he said.

During the first year, 3,627 women—more than a third of the some 10,000 eligible—received mammograms at their workplace. From that group, 63 biopsies were recommended. Of those, nine cancers were identified—all in the early stages, Kessler said.

Kessler noted the importance of such numbers since federal researchers have estimated 19% of the deaths from breast cancer could have been prevented with recommended mammograms.

Doctors agree that women between the ages of 35 and 39 should have an initial exam; a subsequent x-ray every two years from ages 40 to 49; and annually thereafter.

"The problem you have is a reluctance by women to participate in the absence of symptoms," Kessler said.

However, despite interest by employers in work site exams, many areas do not offer such mobile units, Kessler said.

"It tends to be very expensive—the van and equipment alone cost \$250,000," Kessler explained. "We have been offering it for about four years, and we just break even. It's a very expensive and time-consuming venture—but of course the payoff comes when we detect cancer early."

## Insurer offers discounts to non-smoking groups

By Anita Bruzzese

A Seattle-based healthcare service contractor affiliated with the national Blue Cross and Blue Shield Association has announced it will begin to offer smokers and their employers new financial incentives to kick the habit.

Although it is not believed to be the first such program in the country, the King County Medical Blue Shield's new benefit is important because if successful, Blues nationwide may consider offering the benefit. At the same time, King County has agreed to sponsor a massive educational campaign in the state designed to inform the public about the dangers of not only smoking, but passive smoking.

Specifically, the program for groups with at least five employees includes the following:

- Pays 75% of smoking cessation costs with a lifetime maximum of \$500. (This is considered a standard benefit and will be added free of charge as groups renew this year).

- Discounts ranging from 10% to 15% for group health plans to companies that are smoke-free and have a substantial majority of nonsmokers.

- An area-wide educational campaign that urges people to call an "800" number or mail in coupons to receive free brochures to stop smoking and an explanation of the dangers of passive smoking. Callers receive coupons for a 30% discount until the end of this month on materials from the Smoking Policy Institute in Seattle, and the discount is available from 12 other vendors in Washington.

Specifically, this major public education initiative will cost more than \$100,000 and is expected to reach 2.2 million people in the Puget Sound region.

Further, small groups with two to four employees who meet the requirements will have a 10% discount factored in at their renewal in October. Larger groups that are merit or experience-rated will have the smoke-free discount factored along with experience to determine rates. The 2%-3% discount will be available only for the first year the group qualifies.

Win Pickering, president of King County Medical, noted that the offer "is part of our continuing commitment to hold down the cost of healthcare insurance by encouraging people to choose a healthier lifestyle."

### Smoking Costs

While individual rate cuts have been available to non-smokers for years, only a handful of group plans are believed to offer such discounts currently.

"I think this (King County) is a very big deal," noted Robert A. Rosner, execu-

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## Some companies holding out on smoking policies

By Denise Marois

Ask most corporate executives whether they believe smoking in the workplace is a health threat, and they will overwhelmingly say it is.

Yet statistically, 40% of American companies have no smoking policy at all. And while 60% of corporations have some type of policy, experts agree that

figure is a smokescreen.

In fact, the smoking policy in many companies is so inadequate it does little to protect non-smokers from tobacco toxins, the experts say. Despite the fact that people who work alongside smokers reportedly run a high risk of contracting disease from passive smoke inhalation, many companies are dragging their feet on establishing an effective

smoking policy, either out of concern for the cost or fear of losing key personnel.

"Smaller companies are reluctant because of conditions unique to small companies. They have fewer places for designated smoking areas," said John Pinney, a Washington, D.C.-based expert on workplace smoking.

"In smaller companies, there are fewer executives and if any of

them smoke, they may block movement toward this."

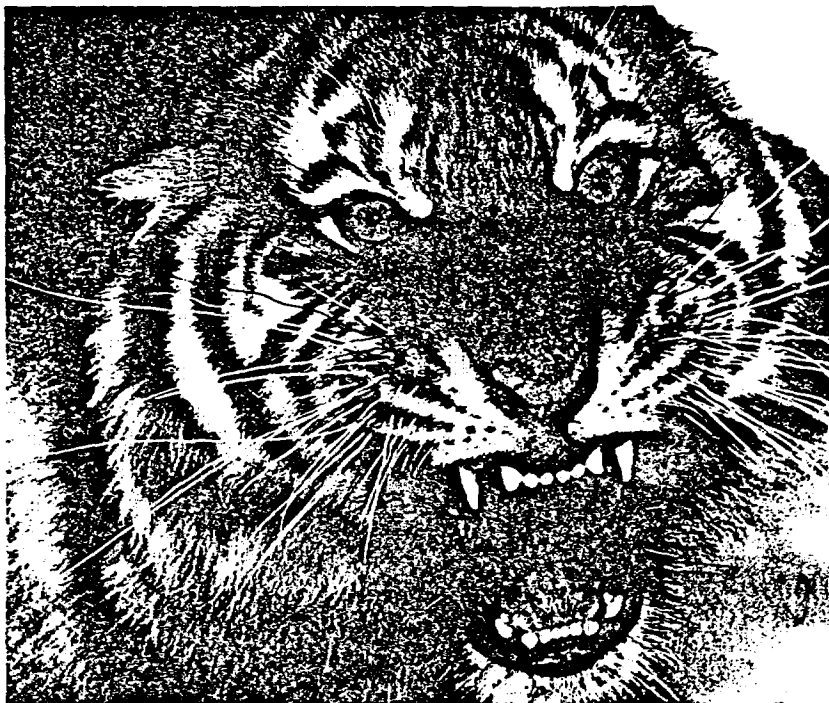
Pinney, who has been involved in workplace smoking issues for 12 years, is head of the Corporate Health Policies Group and director of the Harvard University Institute for the Study of Smoking Behavior and Policy. He said what concerns him more than companies with no smoking policy are those with policies that

don't adequately protect non-smokers.

Policies allowing smokers to designate their own offices as smoking areas, for example, serve little purpose. Cafeterias or employee lounges where smokers are separated from non-smokers by a table don't keep tobacco toxins out of a non-smoker's lungs, says Pinney. Yet both are situations commonly found in large corporations that claim to have smoking policies.

According to the Surgeon General's report, a substantial number of lung cancer deaths in non-smokers have been linked to involuntary smoking. The Environmental Protection Agency (EPA), also noted passive smoking increases respiratory illness in children.

An EPA report on environ-



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## Smoking

(Continued from page 14)

tive director of the nonprofit Smoking Policy Institute. "They're really throwing down the gauntlet to other insurers."

Rosner added that each smoker can cost a company \$1,000 a year in lower productivity, illness, accidents, office upkeep and higher insurance premiums. "Data from individuals shows that non-smokers are better risks," he said. "But insurers know that if they want this from groups, they're going to have to



Robert A. Rosner

offer an incentive."

However, convincing colleagues to go "smoke free" is not without its problems, admitted Tracy Zacharias, senior public relations coordinator for King County.

"We have one group where the only two who smoke are the two top guys," Zacharias said. "I think this whole idea of getting an entire group to stop smoking is going to be sociologically very interesting."

Zacharias added that the national Blue Cross and Blue Shield Association has been notified of the program. "They tell us they're going to be watching," she said. "They're very interested to see how it works."

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mental tobacco smoke issued last summer noted cigarette smoke contains more than 4,700 chemical compounds, 43 of them carcinogenic and some mutagenic which means they can cause permanent changes to genetic material. The EPA study found that nicotine is a widespread air contaminant in buildings where smoking occurs, and concentrations of nicotine's break-down element, cotinine, have been found in the body fluids of non-smokers exposed to environmental tobacco smoke.

What makes one company implement a successful smoking policy, while another just gives lip service? Matthew Myers, staff director for the Coalition on Smoking or Health in Washington, D.C., points to progressive corporate leadership as the key to a successful smoking policy.

He added that progressive leadership often extends beyond a tobacco policy. Those companies are often at the forefront of other health issues as well.

Anti-smoking advocate Bob Rosner believes companies fail to implement smoking policies for several reasons: they see smoking as a controversial issue that may disrupt company morale, someone in power smokes and doesn't want a smoking policy, they set unrealistic goals and see the process as either totally simple or too complex to manage, or they just don't want to spend the money.

In his capacity as director of a Seattle, Washington-based Smoking Policy Institute, Rosner has been working eight years to get companies to start up smoking policies, and he's heard just about every excuse for not doing it. He recalls one Fortune 500 company that considered his proposal to spend \$1,700 to start a smoking policy, but decided it was too costly.

He likened the corporate mentality and the struggle to get a smoking policy set up to seating children and adults at separate tables on Thanksgiving. "One of the big problems is that many of the people who are really interested in smoking policies, such as the medical directors, are sitting at the children's table...they have to sell to people who are most powerful in the corporation and that's difficult."

Another problem Rosner encounters is unrealistic expectations of what it will take to get a policy started. One enthusiastic executive thought it would be a "piece of cake," Rosner recalled. His plan met with so many obstacles the executive "got shot out of the water."

In other cases, companies will see it as just too big a project. "They'll say, call us back in 10 years. I just don't see this happening in our corporate culture," Rosner said.

Not all companies are behind the smoking eight ball. In

fact, some industries are way ahead of the game, as are some parts of the country.

Rosner said that in his experience, the west coast is leading the way in the number of companies setting smoking policies, followed by the east coast and the mid west. The south "is bringing up the rear," he said.

Myers said he finds a correlation between those states with public smoking policies and the number of companies that adopt smoking policies. After Minne-

sota passed restrictive smoking legislation in 1975, many companies there began implementing smoking policies. The same trend

While Rosner noted the health and insurance industries were the first to implement, Pinney pointed to the retail and service

cessation product, several tobacco companies that had been buying fertilizer from the corporation cancelled their orders. The product went to market anyway, and eventually the tobacco companies renewed their orders for fertilizer.

Nonetheless, Rosner said that in his opinion corporate America has done a poor job in protecting its workers from tobacco smoke.

"People just have a hard time with controversy," he said. ■

**'T**hey'll say, call us back in 10 years. I just don't see this happening in our corporate culture. 9

occurred in New York and New Jersey, he noted.

Nor is every industry as quick to adopt smoking policies.

industries as being slowest.

Rosner noted that when a chemical corporation several years ago introduced a smoking

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